



WRAPAROUND MILWAUKEE DISENROLLMENT DOCUMENTATION

Name of Child _____ Date of Court Order Expiration _____

Name of Parent or Guardian _____ M.A. Case Number _____
(to be filled in by Wrap staff)

Requested Date of Disenrollment _____

Date of Disenrollment Plan of Care Meeting _____ DOB _____

Signatures of Team Members Present at the Disenrollment Team Meeting:

Team Member Signatures

_____ Youth	_____ Team Member	_____ Role
_____ Parent/Guardian	_____ Team Member	_____ Role
_____ Care Coordinator	_____ Team Member	_____ Role
_____ Supervisor	_____ Team Member	_____ Role

Note: If unable to obtain parent/guardian and/or youth signatures at disenrollment plan of care, please indicate reason and attach progress notes from previous month and certified mail receipts.

Placement at Time of Disenrollment _____

Reason for Disenrollment:

- ☐ Youth/family have made substantial progress and needs have been met. Order is expired or has been revised.
- ☐ Youth/family have made progress, some needs remain. Continuing services have been arranged. Order expired or has been revised.
- ☐ Youth/family moved out of county. Order has been revised
Level of Progress Made: ___ Substantial ___ Some ___ Needs Not Met
- ☐ Youth/family no longer desire Wraparound services. Order has been revised
Level of Progress Made: ___ Substantial ___ Some ___ Needs Not Met
- ☐ Youth missing more than 30 days
- ☐ Placed in corrections
- ☐ Order expired; youth facing new charges
- ☐ Order expired; needs have not been met
- ☐ Other (explain): _____
Level of Progress Made: ___ Substantial ___ Some ___ Needs Not Met

Disenrollment Reviewed and Approved by:

_____	_____
	Date
_____	_____
	Date

Disenrollment is:

- ☐ Approved
☐ Denied

(For EDS Use Only)

Effective Date of Disenrollment _____
Reason for Denial _____